

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		05-16-01
O.I.P.E. CLASSIFIER	TH		6/5/01
FORMALITY REVIEW	TH	953	07-11-01
RESPONSE FORMALITY REVIEW	CC	5C1114	10-15-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	02/10/01
1	✓
2	✓
3	0 =
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	0 =
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	0 =
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final Original	02/10/01
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

C-1
 07-12-01
 Resp-75583
 10/15/01